

Brandon Eugene Hunter xref: 23597110

Name and Prisoner/Booking Number

Sacramento County Main Jail

Place of Confinement

651 I Street

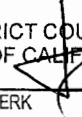
Mailing Address

Sacramento, CA 95814

City, State, Zip Code

FILED

AUG 30 2022

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY  DEPUTY CLERK

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA

Brandon Eugene Hunter

(Full Name of Plaintiff)

Plaintiff,

v.

CASE NO.

2:22-cv-1520 JDP

(To be supplied by the Clerk)

(1) Sacramento County

(Full Name of Defendant)

(2) Adult Correctional Health

(3) Doe 1

(4) Doe 2

Defendant(s).

CIVIL RIGHTS COMPLAINT  
BY A PRISONER

"Jury Trial Demanded"

☒ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

☐ Check if there are additional Defendants and attach page 1-A listing them.

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: \_\_\_\_\_

2. Institution/city where violation occurred: Sacramento County Main Jail

### B. DEFENDANTS

1. Name of first Defendant: Sacramento County. The first Defendant is employed as:  
Employer at Sacramento County Main Jail.  
(Position and Title) (Institution)
2. Name of second Defendant: Adult Correctional Health. The second Defendant is employed as:  
Employer at Sacramento County Main Jail.  
(Position and Title) (Institution)
3. Name of third Defendant: Doe 1. The third Defendant is employed as:  
Sheriff Deputy at Sacramento County Main Jail.  
(Position and Title) (Institution)
4. Name of fourth Defendant: Doe 2. The fourth Defendant is employed as:  
Nurse at Sacramento County Main Jail.  
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

### C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 7. Describe the previous lawsuits:
  - a. First prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - b. Second prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - c. Third prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

**D. CAUSE OF ACTION****CLAIM I**

1. State the constitutional or other federal civil right that was violated: Deliberate Indifference

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |                                                        |                                           |                                               |                                                  |
|--------------------------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation             |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |                                                  |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

1.) Plaintiff suffers from a shoulder injury that needs surgery and chronic pain in the jaw, neck, lower back, right hand, right wrist, right arm, right hip, right knee, right ankle, and both feet. Plaintiff also has hemorrhoids and a fungus in the big right toe.

2.) Plaintiff received treatment for the hemorrhoids that was ineffective, and no other treatment has been prescribed.

3.) No treatment has been prescribed for the fungus in the right big toe.

4.) Pain meds were prescribed, but it took 6 months for plaintiff to receive the requested pain meds that work a little, but pain still persists, as to the chronic pain of the various injuries.

5.) An MRI was scheduled 6 months ago, but did not take place, due to what the Nurse claims was a refusal on my part, but I did not refuse my MRI. Plaintiff is seeking medical records and the shift logs of the deputies working the date of the claimed refusal to discover the identities of Defendants Doe 1 and Doe 2, whom are the deputy and nurse that claimed I refused treatment. Plaintiff is asking this.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Prolonged pain & suffering, mental anguish

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_

1 Court to subpoena those medical records as  
2 plaintiff has requested those records but Medical  
3 has refused to provide plaintiff with them.

4 6.) Plaintiff is suing Sacramento County in its  
5 official capacity to force them to provide and order  
6 adequate medical treatment, that being MRI's  
7 and surgeries, and pain medications like  
8 Vicodon, Tylenal 3's, Norcos, and morphine. Plaintiff  
9 is only seeking injunctive relief against this  
10 defendant. Plaintiff's MRI's and surgeries should  
11 be ordered to happen immediately without wait  
12 due to the long period of already waiting without  
13 treatment. The denial of medications by its  
14 employees and denial of MRI's by its employees  
15 is the bases of plaintiff deliberate indifference  
16 Claim,

17 7.) Plaintiff is suing Adult Correctional Health  
18 in its official capacity for the same reasons as  
19 stated in paragraph (6), and due to its employees  
20 negligence.

21 8.) Doe 1 is sued in there individual and official  
22 capacity for deliberately indifference plaintiff by  
23 lying and claiming plaintiff refused MRI's, which  
24 has led to prolonged pain and suffering of plaintiff.

25 9.) Doe 2 is sued in there individual and official  
26 capacity for not speaking directly to plaintiff about  
27 the MRI refusal, to verify if there was a refusal, that  
28 action deliberately indifference plaintiff, prolonging suffering.



**E. REQUEST FOR RELIEF**

State the relief you are seeking:

\$30,000,000 U.S. Dollars jointly and severally against defendants  
Injunctive relief requiring immediate MRIs and needed surgeries,  
and pain medication like Norco's or Vicodin's, as well as  
treatment of hemorrhoids and foot fungus on toe.  
Any other relief the courts see fit to order in this matter

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8/25/22  
DATE

B. O. H. R.  
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or  
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.